

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/584,454-Conf. #4159
	Filing Date	June 22, 2006
	First Named Inventor	Sarman SINGH
	Art Unit	1637
	Examiner Name	C. B. Wilder
	Attorney Docket Number	6054-0001PUS1

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 02292

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

#### Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B.  Inventor or Assignee Name | Dr. Sarman Singh

Address      Division of Clinical Microbiology, ALL INDIA INSTITUTE OF MEDICAL SCIENCES				
---	--	--	--	--

City	New Delhi	State	Zip	110 029	Country	INDIA
------	-----------	-------	-----	---------	---------	-------

Telephone	(0091-11) 2658 8484, 2659, 4977	Email	sarman_singh@yahoo.com			
-----------	---------------------------------	-------	------------------------	--	--	--

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature					
-----------	---	--	--	--	--

Name	Mark J. Nuell, Ph.D.	Registration No.	36,623			
------	----------------------	------------------	--------	--	--	--

Address      Birch, Stewart, Kolasch & Birch, LLP 12770 High Bluff Drive, Suite 260						
--	--	--	--	--	--	--

City	San Diego	State	CA	Zip	92130	Country	US
------	-----------	-------	----	-----	-------	---------	----

Date	October 5, 2010	Telephone No.	(858) 792-8855				
------	-----------------	---------------	----------------	--	--	--	--

**NOTE: Withdrawal is effective when approved rather than when received.**